

Name
in
Full

Michael
No Name Still Born

CERTIFICATE OF DEATH

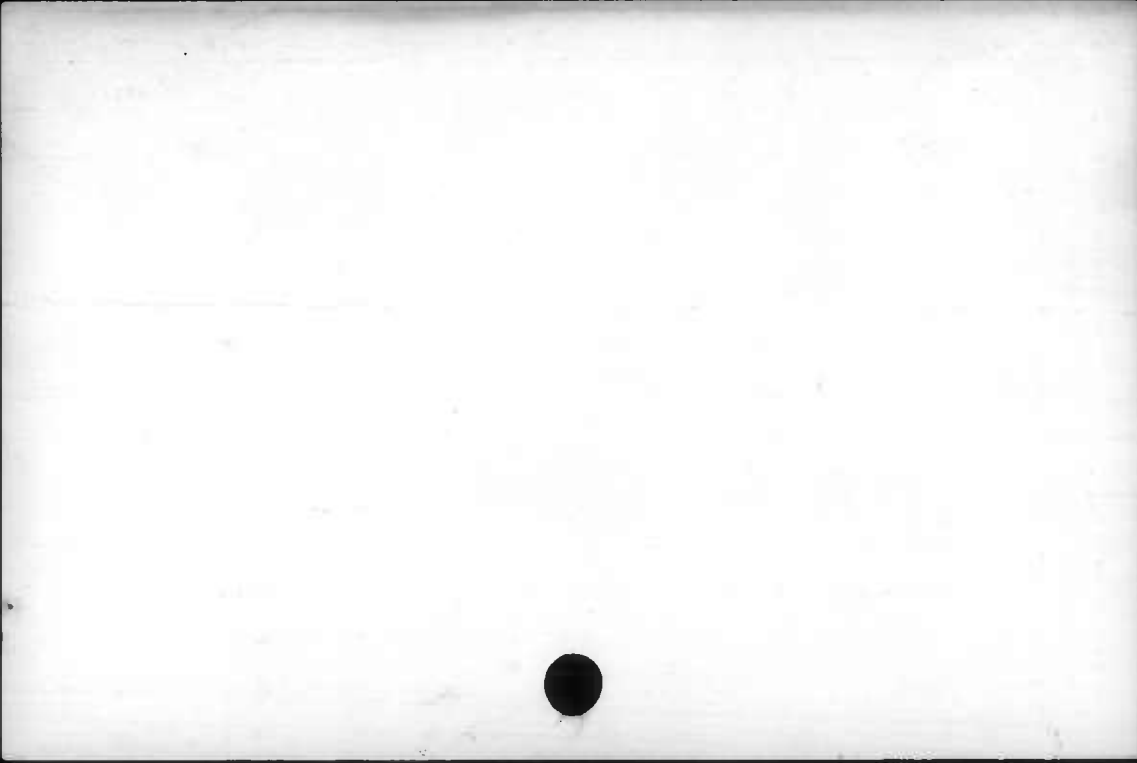
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harris Dr Green</i>		Town <i>Harris Dr Green</i>		County <i>Harris Dr Green</i>		STATE <i>MARYLAND</i>	
Date of death	19 <i>00</i>	Month <i>March</i>	Day <i>16</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Harris Dr Green Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Frank E. Amoslovak</i>	Father's Birthplace <i>Cecil Co. Md.</i>						
Mother's Maiden Name <i>Lida Lamont</i>	Mother's Birthplace <i>Cecil Co. Md.</i>						
Name of person giving Information <i>Lida Lamont</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>8</i>
Immediate	<i>"</i>	How long	<i>41</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Steiner</i>
		Address	<i>Harris Dr Green Md</i>
Accident or Suicide			



Name
in
Full

Eva Grace Batters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morrisville</i>		<i>Harford</i> County		MARYLAND	
Date of death	<i>1900</i> Month <i>March</i>	Day <i>13</i>	Age <i>70</i> Years	Months <i>9</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. City</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Morrisville Md</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Emory E. Batters</i>		Father's Birthplace <i>Harford Co., Md</i>			
Mother's Maiden Name <i>Jennie R. Hare</i>		Mother's Birthplace <i>Balto. Co., Md</i>			
Name of person giving information <i>Emory E. Batters</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary	<i>Chronic Dilated Nephritis. Mitral Regurgitation</i>	How long	<i>about 3 years</i>
Immediate	<i>Cardiac Dilatation - General dropsy.</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Smithson</i>	
		Address <i>New Park Pa</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Thaddeus C. Blair

CERTIFICATE OF DEATH

Died at

Town Forest-Heill

County Hearford

MARYLAND

Date

of death

1900 Mar. 19

Age

66

Months

1

Days

Sex

Male

Color or
Race

White

Birth-
place

Pa.

Occupation

Fanner

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thaddeus Stevens

Father's
Birthplace

Pa.

Mother's
Maiden Name

Mariah Blair

Mother's
Birthplace

Pa.

Name of person giving
Information

Frank W. West-

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Heart disease

How long

2 years

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. W. Davis M.D.
Pleasantville

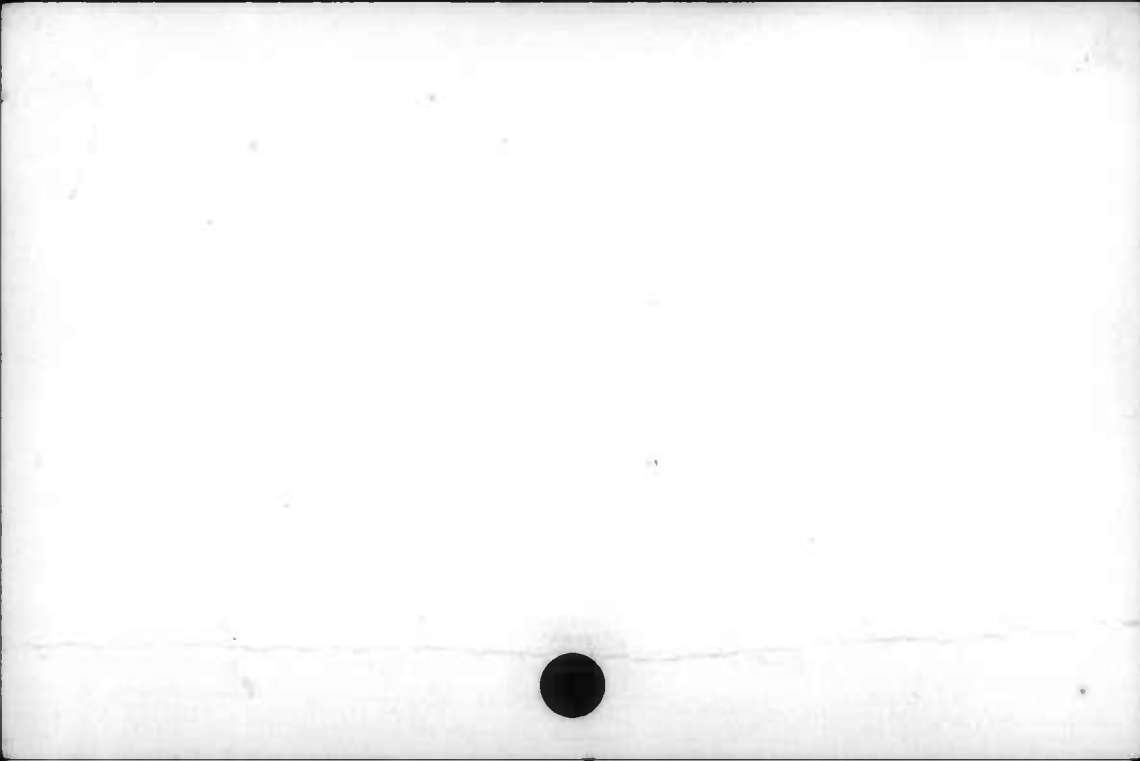
Accident or Suicide

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Bowers</i>		Town <i>Gravely Hill</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Gravely Hill</i>		Month <i>March</i>		Day <i>16</i>		Year <i>1900</i>	
Date of death <i>1900 March 16</i>		Age <i>70</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Harford Co Md</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i></i>		Place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lewis Bowers</i>					
Father's Name <i>John Hill</i>		Father's Birthplace <i>Harford Co Md</i>					
Mother's Maiden Name <i>Harriet Presbury</i>		Mother's Birthplace <i>Dont know</i>					
Name of person giving Information <i>Lewis Bowers</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Broncho Pneumonia</i>	How long <i>2 weeks</i>
	Immediate	<i>Exhaustion</i>	How long <i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Steiger</i>
	Accident or Suicide		Address <i>Harford Co Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph H. Bramm
 Died at *Havre de Grace* *Harford*
 Town County

MARYLAND

Date of death 19*00* *March* *1* Age *—* Months *2* Days *—*

Sex *Male* Color or Race *White* Birth-place *Havre de Grace*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joseph A Bramm* Father's Birthplace *Phila. Pa*

Mother's Maiden Name *Cora Fadely* Mother's Birthplace *Havre de Grace*

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Myocardium* How long *89* *2* *mo*
 Immediate *Bronchitis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

J L Hopkins
 Address *Havre de Grace, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Farm Grover</u> <u>Harford</u> County		TOWN		COUNTY		MARYLAND	
Date of death	1910	Month	March	Day	29	Age	94
Sex	Female	Color or Race	White	Birth-place	Harford C. Md	Months	3
Occupation	Housekeeper	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Quinn Day				
Father's Name	Jeremiah Rowe	Father's Birthplace	Unknown				
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown				
Name of person giving information	J. R. Miller	How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Simply lived her allotted time	How long	No physician in attendance
Immediate	Old Age	How long	attendance
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Carter
		Address	New Park Pa.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertha Galloway

Town

County

Died at

Harrods Grace

Harford

MARYLAND

Date
of death

1900

Month

Mch

Day

23

Age

Years

—

Months

7

Days

—

Sex

Female

Color or
Race

Black

Birth-
place

Harrods Grace

Occupation

None

Where Residing if not
at place of death

" " "

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Walter Galloway

Father's
Birthplace

Harrods Grace

Mother's
Maiden Name

Harriet Martin

Mother's
Birthplace

" " "

Name of person giving
Information

Harriet Galloway

How related
to deceased

Mother

CAUSES OF DEATH

(92) ✓

Primary

Broncho Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

4 day 5

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Stinner

Address

Harrods Grace
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Leander Gordon

CERTIFICATE OF DEATH

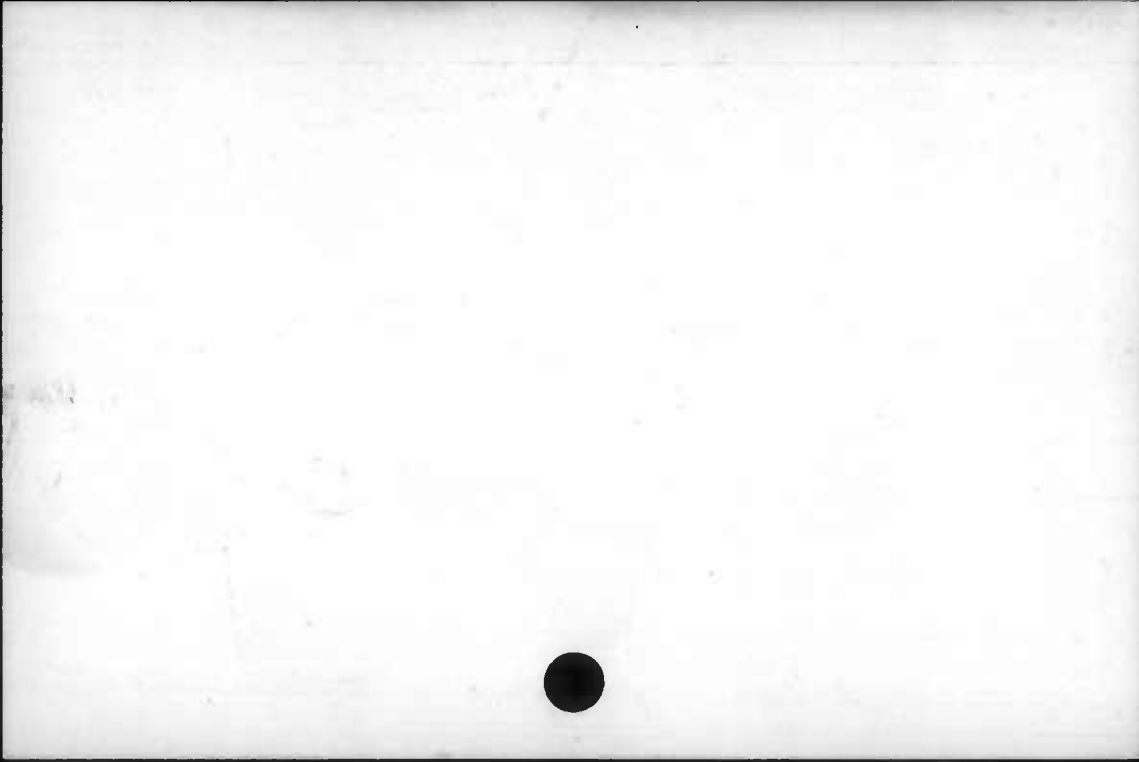
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		March	10	2			
Sex		Color or Race		Birthplace			
Male		Negro Race		Stafford			
Occupation		Where Residing if not at place of death					
None		as above					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John Gordon		Harford Co					
Mother's Maiden Name		Mother's Birthplace					
Mary James		Harford Co					
Name of person giving Information		How related to deceased					
Leander Gordon		Brother					

CAUSES OF DEATH

Primary	Chronic bronchitis	How long	about a year
Immediate	Acute capillary bronchitis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ephr Hopkins	
		Address	
		Darlington	
		Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth S. Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Belair		County Harford Co		MARYLAND	
Date of death		1900	Month 3	Day 23	Age 27	Months	Days
Sex Female		Color or Race White		Birth-place Harford Co			
Occupation Lady		Where Residing if not at place of death Same					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Robt. F. Hanna		Father's Birthplace Harford Co					
Mother's Maiden Name Florence		Mother's Birthplace Harford Co					
Name of person giving information Dr. Tr.		How related to deceased Neph-					

CAUSES OF DEATH

Primary	Pleur Pneumonia	How long	18 mos
Immediate	Tuberculous Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. A. Follingworth	
		Address Bel Air Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER

Churchville

Name
in
Full

CERTIFICATE OF DEATH

Thos H. Henry

Town

County

MARYLAND

Died at *Coopers Mill*

Harford

Date of death *Jan 1900*

Month

Day

Years

Months

Days

Age

47

Jan

22 1862

Sex

male

Color or
Race

white

Birth-
place

Harford Co Md

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

May Henry

Father's
Name

Isaac Henry

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

May J Proctor

Mother's
Birthplace

" "

Name of person giving
Information

May Henry

How related
to deceased

wife

CAUSES OF DEATH

Primary

Insanity

How long

1 yr.

Immediate

Prostitution

How long

1 week

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Reuben Ramsey

Address

Dutch Rd

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brown at Sabamackle

Name
in
Full

Eliza Hallingworth

CERTIFICATE OF DEATH

MARYLAND

Died at *Harre de Grace* Town *Harford* CountyDate of death 1900 *March* Month *11* Day *84* Age *84* Years Months DaysSex *Female* Color or Race *Col* Birth-place *Harford Co*Occupation *Housework* Where Residing if not at place of death *Same*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Don't know*Father's Birthplace *unknown*Mother's Maiden Name *Don't know*Mother's Birthplace *unknown*Name of person giving Information *Belle Haywood*How related to deceased *Wife*

CAUSES OF DEATH

Primary *old age & exposure*How long *2 or 3 mos*Immediate *Heart & Kidney Comp.*How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. L. Hopkins*Address *Harre de Grace*
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Olivia L. Fellingsworth

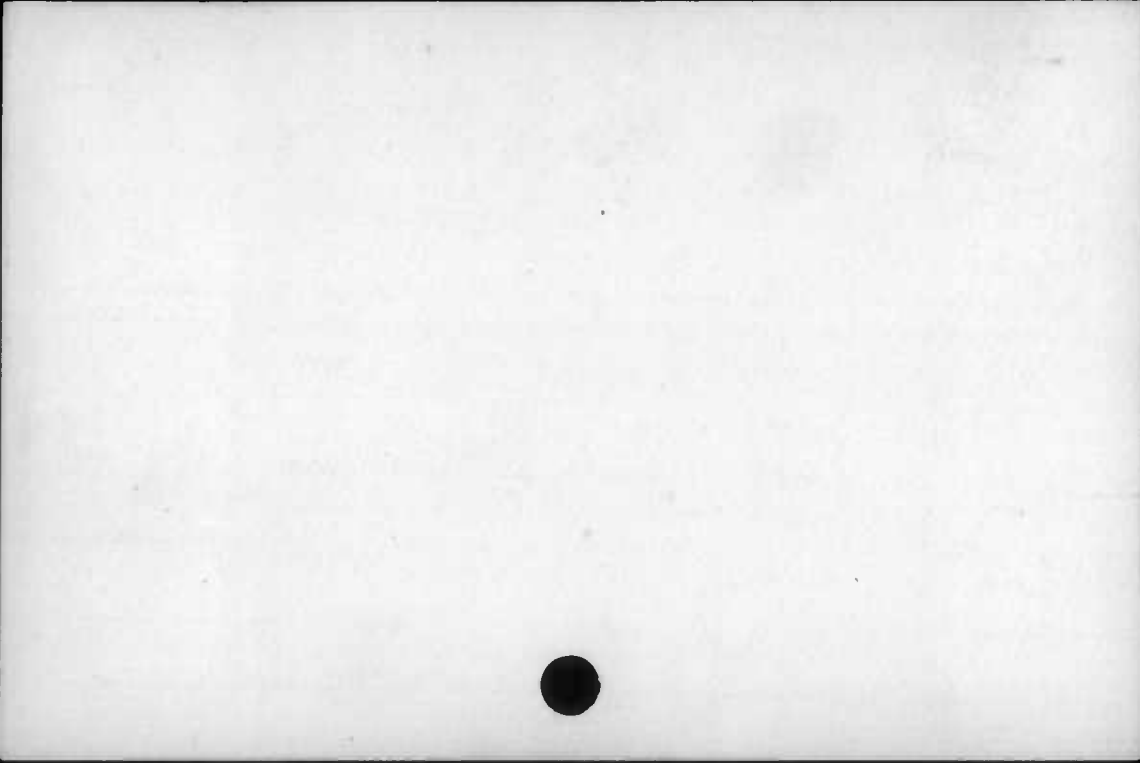
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilma</i>		Town		<i>Hagerdale</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>3</i>		Day <i>19</i>		Age <i>69</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerdale</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>Silas W. Fellingsworth</i>							
Father's Name <i>Joseph Lewis</i>				Father's Birthplace					
Mother's Maiden Name <i>Hannah Spruett</i>				Mother's Birthplace <i>Balto</i>					
Name of person giving information <i>Doctor N</i>				How related to deceased <i>Not</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Complication</i>	How long	<i>4 yrs</i>
	Immediate	<i>Inanition</i>	How long	<i>2 wks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician <i>C. A. Fellingsworth</i>		Address <i>Bal. Ave. Wt</i>	
Accident or Suicide?				



Name
in
Full

Annie E. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900 Mar		21	21	Age 67	11	4	
Sex	Female	Color or Race	White	Birth-place	Darlington		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Frank Hopkins				Father's Birthplace			
Ireland				Mother's Birthplace			
Hartford, Conn.				How related to deceased			
Husband.				Name of person giving information			
Frank Hopkins							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Not Known.
Yes.	Signature of Physician
	J. H. Tobias
	Address
	Darlington, Md.
Accident or Suicide?	



Name
in Full

Harriett E. Jourdan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		March	18	88	88	4	28
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Not any			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Leas M Jourdan							
Father's Name	Henry Booger			Father's Birthplace	Md		
Mother's Maiden Name	Ruth — Do not know			Mother's Birthplace	Md		
Name of person giving Information				How related to deceased			

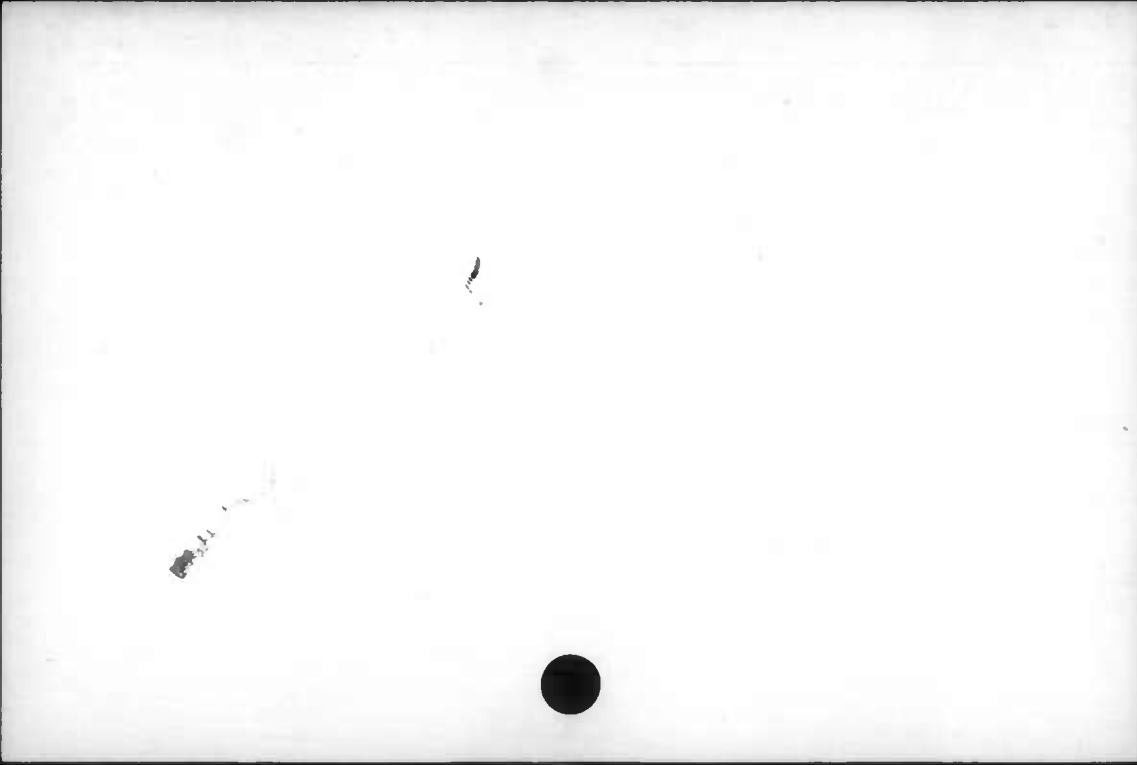
CAUSES OF DEATH

154

✓

PHYSICIAN
OR CORONER

Primary	Senility	How long	1 yr
Immediate	Exhaustion	How long	4 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Darling by Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mr. Clara Keams* Town _____ County *Harford*

MARYLAND

Died at *Street* Month _____ Day *31* Years *50* Months _____ Days _____
Date of death *1900 Mar* Age *50*Sex *Female* Color or Race *White* Birth-place *Ind.*
Occupation *House wife* Where Residing if not at place of death *Street Ind.*Married, Single or Widowed *Married* Name of Wife or Husband *Thomas C. Keams*Father's Name *David Wiley* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving Information *Harward Keams* How related to deceased *Son*

CAUSES OF DEATH

47 ✓

Primary *Rheumatism* How long *2 months*
Immediate *Endocarditis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above?

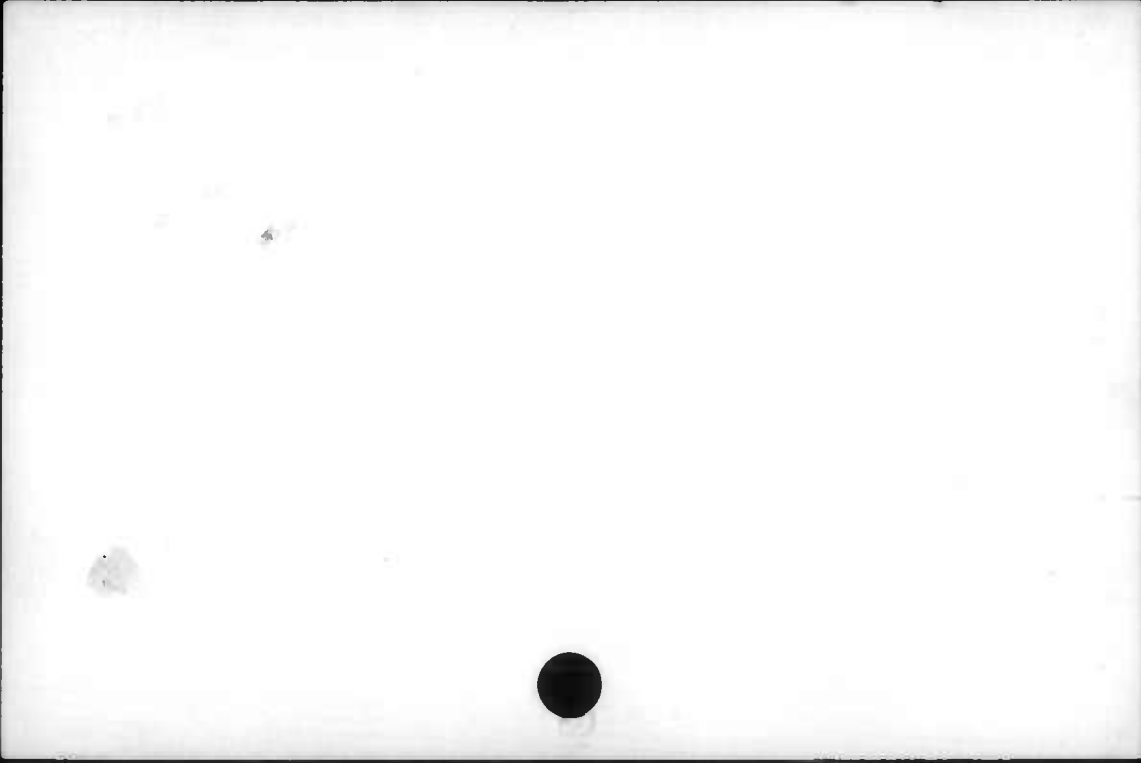
Signature of Physician

Address

*Yes**E. W. F. Amour*
Street Po. Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Patrick J Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at *Upper X Roads* *Hatford* County

MARYLAND

Date of death *1900* Month *Mar* Day *31* *3:30 PM* Age *80*

Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Annie F Farrel*

Father's Name *John Kennedy* Father's Birthplace *Ireland*

Mother's Maiden Name *Ellen Dougherty* Mother's Birthplace *"*

Name of person giving Information *Mary E Grant* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Infirmities of age* *154* How long *2 years*
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L. Q. Rutledge M.D.*

Address *Rutledge Md*

Accident or Suicide *neither*

Interment at St Johns
R. C. Church Baldwin Ind

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Prucilla Livezey

Died at *Bel Air* County *Harford* MARYLAND

Date of death 19*40* *Jan* *19* Age *6* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation _____ Where Residing if not at place of death *Bel Air Md*

~~Married, Single~~ *Single* Name of Wife or Husband _____

Father's Name *Jacob Livezey* Father's Birthplace *Pa*

Mother's Maiden Name *Prucilla Watman* Mother's Birthplace *Pa*

Name of person giving Information *Robert Livezey* How related to deceased *Brother*

CAUSES OF DEATH

Primary

Calcular disease of the heart

How long

not

Immediate

How long

died suddenly

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

William V. Archer

Address

Bel Air Md~~Accident or Suicide~~PHYSICIAN
OR CORNER

Section

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mr Leah McLean
Town *Harford* County *Harford*

Died at *Home* Month *March* Day *14* Age *84* Years Months *—* Days *—*

Date of death *1900* *March* *14* Age *84* -

Sex *Female* Color or Race *white* Birth-place *Baltimore*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single or Widowed~~ Name of Wife or Husband *John McLean*

Father's Name *—* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Mrs Joe Boyd* How related to deceased *Daughter*

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary *old age* How long *—*

Immediate *Stroke* How long *Three Days*

Are the name, age, sex, color, date and place correctly given above? *no* Signature of Physician *D. H. E. Arthur*

Address *Baltimore Md*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nathan H Oldfield* —
Town *Fortune* County *Md*
Died at *Fortune* MARYLAND
Date of death 19*0* Month *Mch* Day *21* Age *51* Months Days
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Farmer* Where Residing if not at place of death —
Married, Single or Widowed *Single* Name of Wife or Husband —
Father's Name *William Oldfield* Father's Birthplace *Pa*
Mother's Maiden Name *Hannah Carter* Mother's Birthplace *Pa*
Name of person giving Information *Laura Oldfield* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Chronic Gastritis* How long *103* *several years*
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Susie A Pack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

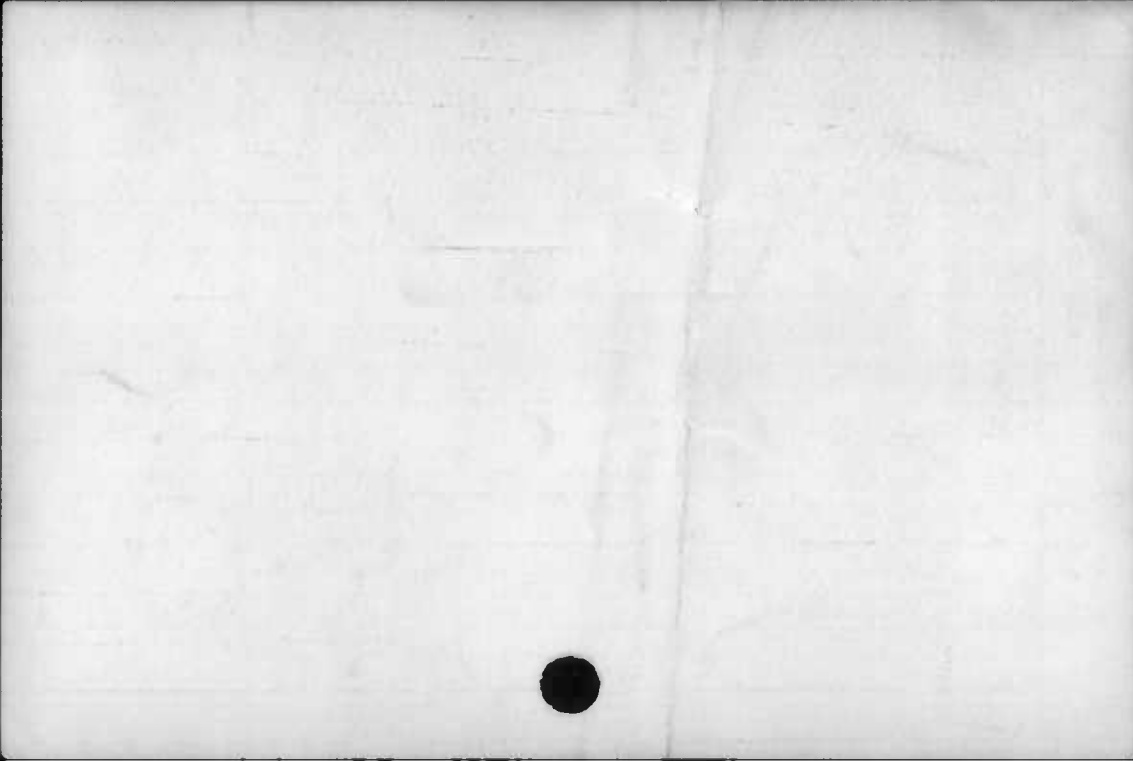
Died at <u>Perryman</u> Town		<u>Neorpon</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month <u>Mar</u>	Day <u>9</u>	Age <u>4</u> Years <u>2</u>	Months <u>3</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Virginia</u>		
Occupation <u>Chaucer</u>			Where Residing if not at place of death <u>—</u>		
Married <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>Johns H Pack</u>			
Father's Name <u>Thas. Munder</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Lucy Langen</u>			Mother's Birthplace <u>Va.</u>		
Name of person giving information <u>Hester Rice</u>			How related to deceased <u>sister</u>		

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary	<u>Bright Disease</u>	How long	<u>Too much</u>
Immediate	<u>Wernicke Parson</u>	How long	<u>7</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. H. Rice</u>	
		Address <u>Perryman</u>	
Accident or Suicide? <u>—</u>		<u>Med.</u>	



Name
in
Full

Mary Elizabeth Pyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Aberdeen		County Harford		MARYLAND	
Date of death		1940	Month Mch.	Day 8	Age 21	Months 4	Days 18
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Isaac L. Pyle			
Father's Name	Robert Melch				Father's Birthplace	Maryland	
Mother's Maiden Name	— Don't know				Mother's Birthplace	Kentucky	
Name of person giving Information	Granville P. Pyle				How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease		How long	Two months
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. P. Pyle		
Address		Perryman		
Accident or Suicide		No		

Bury at Keweenaw Cemetery
3/10/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Hugh C. Ramsay* Town *Whiteford* County *Harford* MARYLAND

Died at *Whiteford* Month *Mar* Day *13* Age *60* Years Months Days

Date of death *1910 Mar 13*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Butcher* Where Residing if not at place of death _____

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Mary E. Ramsay*

Father's Name *Hugh C. Ramsay* Father's Birthplace *Pa*

Mother's Maiden Name *Elyseott Whiteford* Mother's Birthplace *Ind*

Name of person giving Information *Mary E. Ramsay* How related to deceased *Wife*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

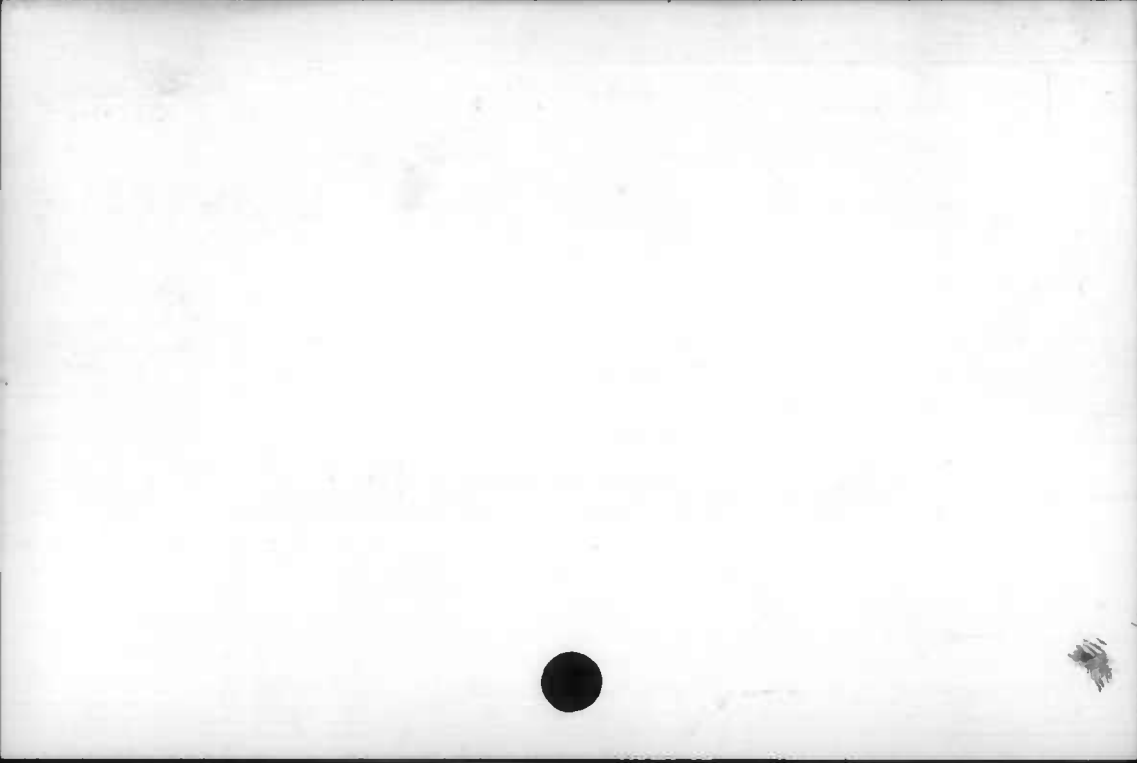
Primary *Pneumonia* How long *2 or 3 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. H. E. Arthur* Address *Landoff Ind*

Accident or Suicide ☐



Name
in
Full

Sarah Ramsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	19	Month March	Day 7	Age 81	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Harford Co.
Occupation	House Work			Where Residing if not at place of death Havre de Grace			
Married, Single or Widowed	Widow		Name of Wife or Husband Geo Ramsey				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving In formation	Florence Ramsey					How related to deceased	Niece

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Debility.		How long	~
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Jr.		Signature of Physician	J. Woodward
			Address	
Accident or Suicide?				



Name
in
Full

Lucinda Redman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Havre de Grace		Havre de Grace		Havre de Grace			
Date of death	Month	Day	Years	Months	Days		
1960	Mar	4	Age 62				
Sex	Color or Race	Birth-place					
Female	White	Lancaster Co., Pa.					
Occupation	Where Residing if not at place of death						
Housewife	Havre de Grace						
Married, Single or Widowed	Name of wife or husband						
Married	John Redman						
Father's Name	Father's Birthplace						
Richard Wilson	Lancaster Co., Pa.						
Mother's Maiden Name	Mother's Birthplace						
Mary Gasky	York Co., Pa.						
Name of person giving Information	How related to deceased						
John Redman	Husband						

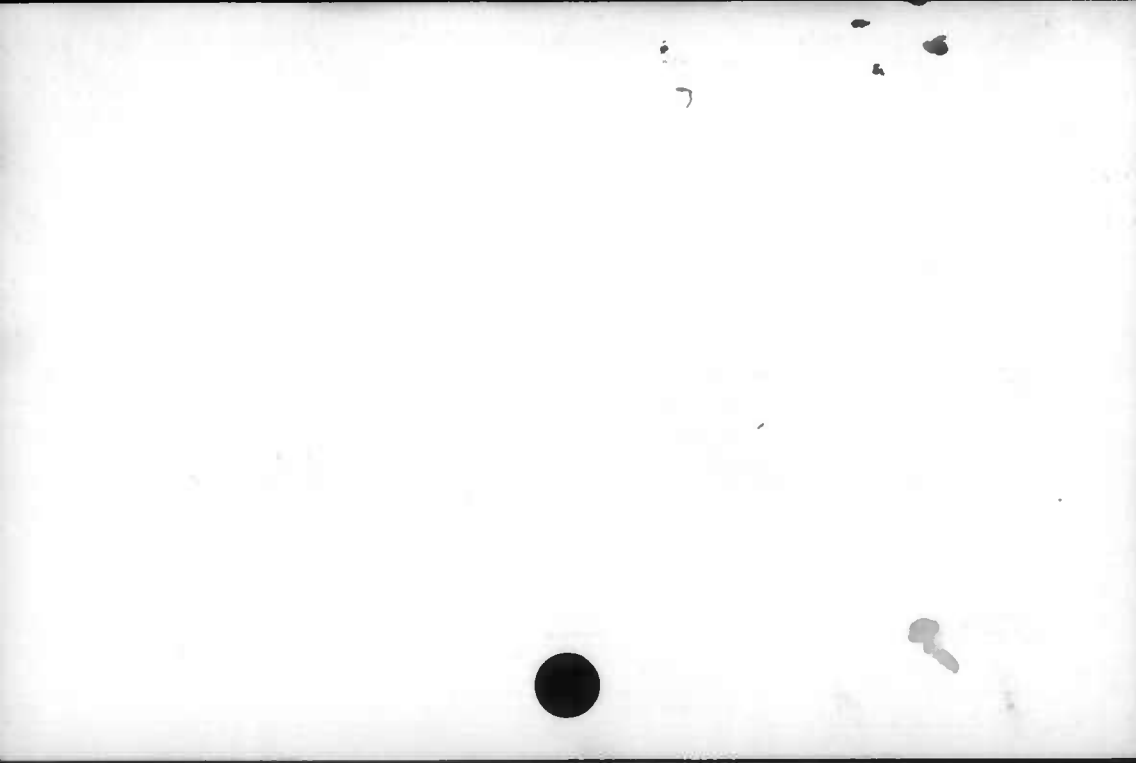
CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	How long
Thoracic Anurism	4 or 5 yrs
Immediate	How long
Heart Complication	6 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	R. N. Smith
	Address
	Havre de Grace

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

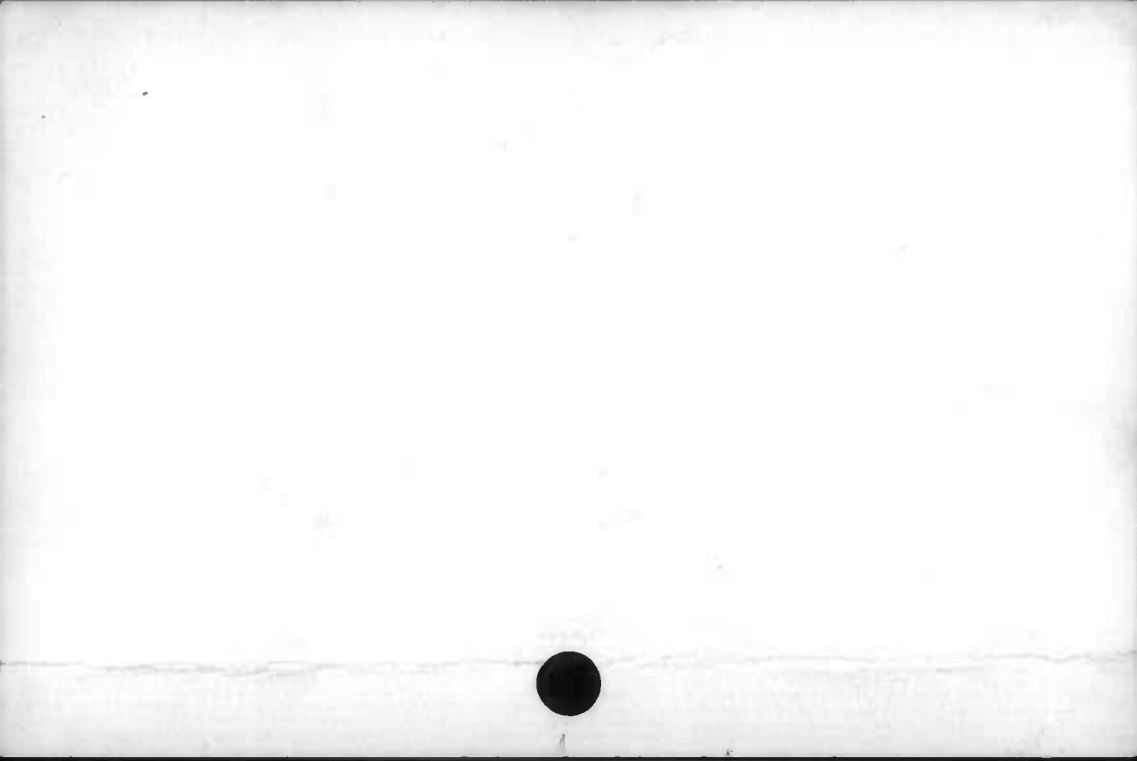
Patrick Riley
 Died at ^{Town} Pleasantville ^{County} Harford **MARYLAND**
 Date of death 1900 ^{Month} Mar ^{Day} 31 ^{Years} Age 85 ^{Months} — ^{Days} —
 Sex Male Color or Race White Birth-place Ireland
 Occupation Farmer Where Residing if not at place of death Maryland
 Married, Single or Widowed ☒ Single Name of Wife or Husband Alice Riley
 Father's Name Thomas Riley Father's Birthplace Ireland
 Mother's Maiden Name Not-Known Mother's Birthplace —
 Name of person giving Information Jas. W. Riley How related to deceased Son

CAUSES OF DEATH

124

PHYSICIAN
OR CORONER

Primary Cystitis How long One month
 Immediate Pneumonia How long Two days
 Are the name, age, sex, color, date and place correctly given above? ^{known} as far as Signature of Physician Geo. W. Davis M.D.
 Address Pleasantville
 Accident or Suicide *Md*



Name
in
Full

Mary Jane Roe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	Month <i>3</i>	Day <i>20</i>	Years <i>85</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>None</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John B. Roe</i>				
Father's Name <i>Gilbert Dickinson</i>	Father's Birthplace <i>New York State</i>				
Mother's Maiden Name <i>Sarah Carpenter</i>	Mother's Birthplace <i>North Castle N.Y.</i>				
Name of person giving information <i>John D. Roe</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Two weeks</i>
Immediate <i>Paralysis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. P. Denton</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide?	

Genl. C.

Name
in
Full

Robt. B. Sellers

CERTIFICATE OF DEATH

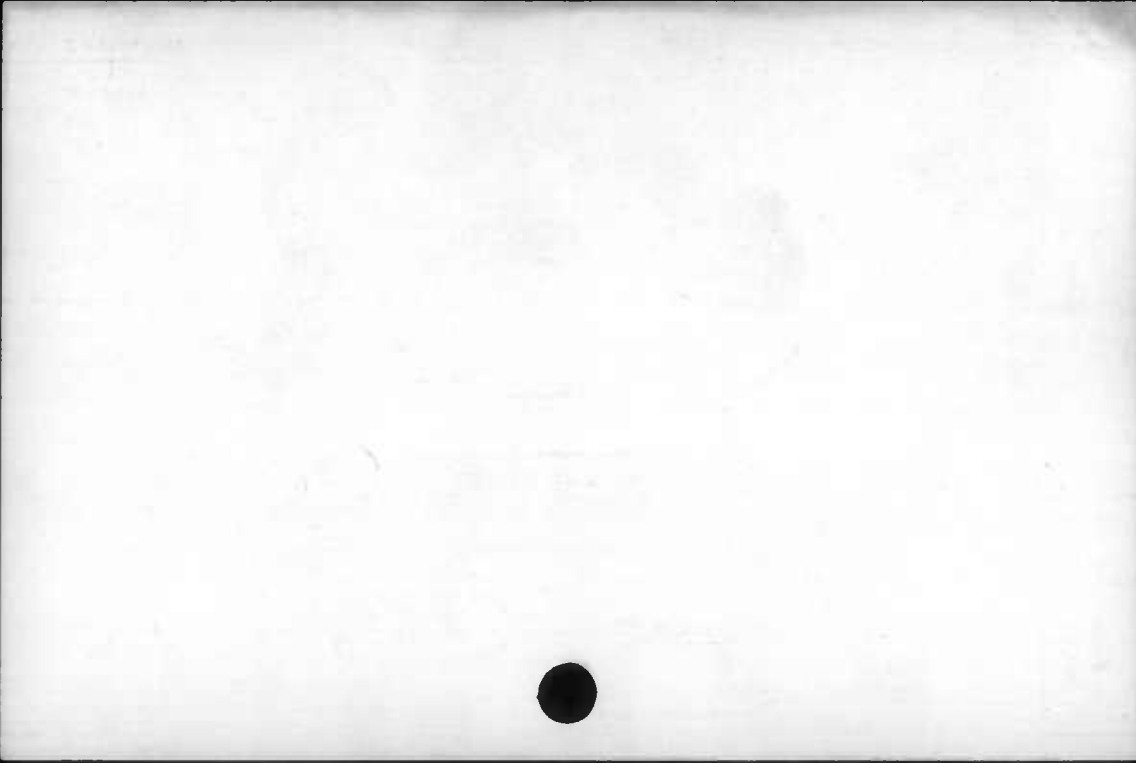
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death 19 <i>10</i>		Month <i>Mar</i>		Day <i>6</i>		Age <i>47</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>					
Occupation <i>Painter & Paper Hanger</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Thompson</i>							
Father's Name <i>Robt. B. Sellers</i>		Fether's Birthplace <i>Harford Co.</i>							
Mother's Maiden Name <i>Emma Sunderland</i>		Mother's Birthplace <i>Pa.</i>							
Name of person giving Information <i>Florence Sellers</i>		How related to deceased <i>wife</i>							

CAUSES OF DEATH

Primary	<i>Consumption</i>	How long <i>2 yrs.</i>
Immediate	<i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. H. White</i>
		Address <i>Aberdeen Md.</i>
Accident or Suicide <i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Annie Stoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Abingdon ^{County} Starford **MARYLAND**Date of death 1960 ^{Month} Mar ^{Day} 13 ^{Year} 50 ^{Months} 1 ^{Days} 11Sex Female ^{Color or Race} white ^{Birth-place} BohemiaOccupation Housewife ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} John StoneyFather's Name John David ^{Father's Birthplace} BohemiaMother's Maiden Name Loupha Shema ^{Mother's Birthplace} BohemiaName of person giving Information John Stoney ^{How related to deceased} son

CAUSES OF DEATH

120

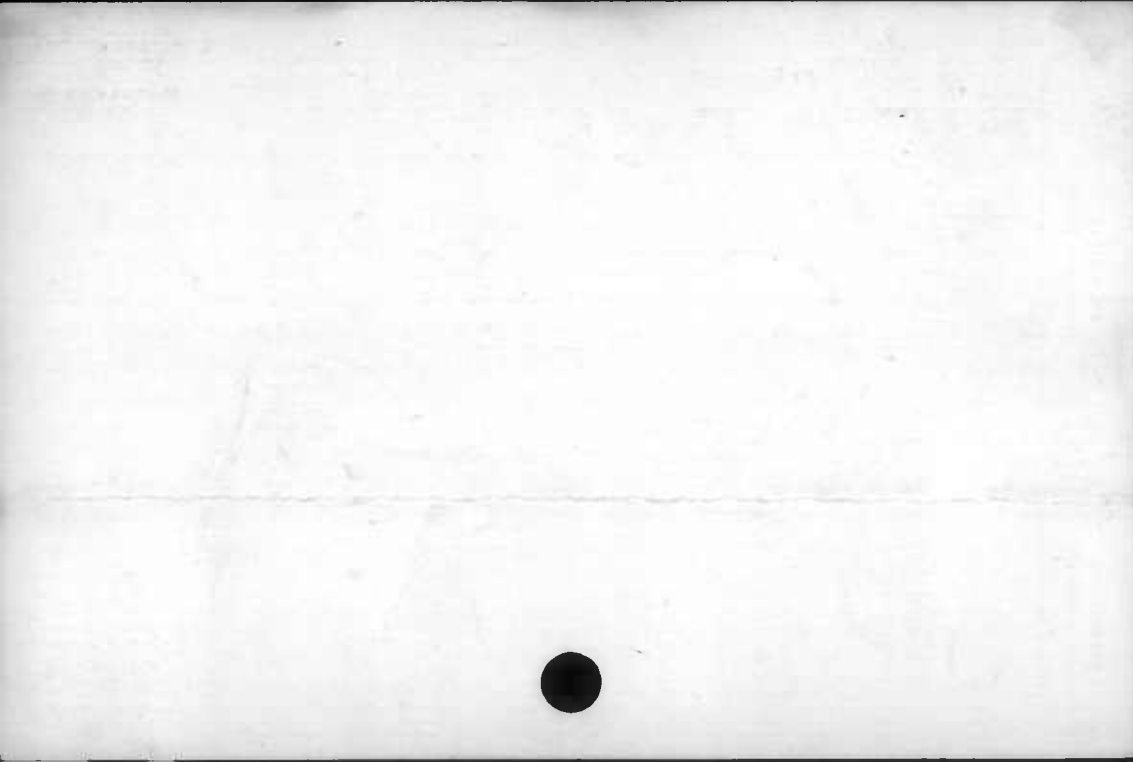
Primary Brights Disease ^{How long} 6 mosImmediate Heart Failure ^{How long} 2Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Charles H. H. H.

Address

60 Edgewood Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Janett E. Wallace*
Died at *Street* Town *Harford* County

Date of death 19*60* Month *Mar* Day *22* Age *7* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*
Occupation _____ Where Residing if not at place of death *Sheet Ind.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Andrew Wallace* Father's Birthplace *Ind.*

Mother's Maiden Name *Ketter Heaps* Mother's Birthplace *Ind.*

Name of person giving Information *Blanch Waller* How related to deceased *Aunt*

CAUSES OF DEATH

61 ✓

Primary *Measles* How long *2 weeks*

Immediate _____
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *E. J. Dammour*
Address *Street Ind.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Louisa Wallace* Town *Street* County *Harpur*

Died at *Street* Month *Mar.* Day *19* Age *65* Years Months Days

Date of death *1900*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House Wife* Where Residing if not at place of death *Street and.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Samuel Wallace*

Father's Name *Andrew Howlett* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Scarborough* Mother's Birthplace *Md.*

Name of person giving Information *Ella Wallace* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Tuber culosis* How long *2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

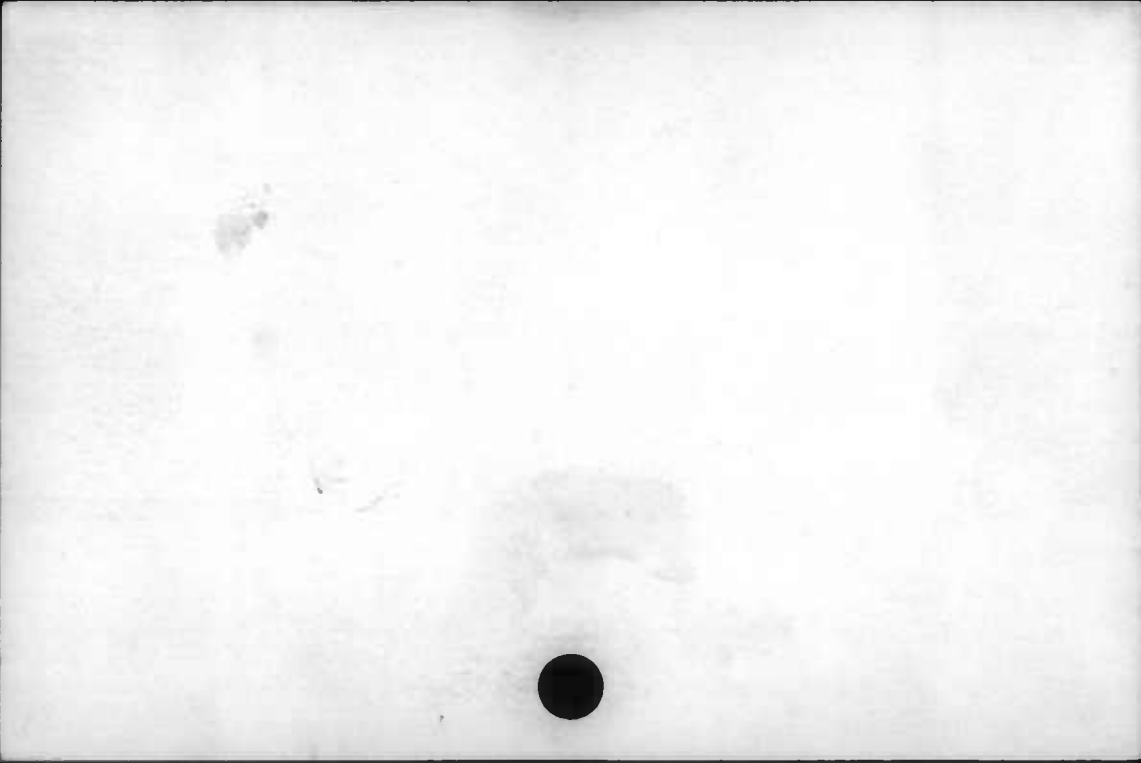
Signature of Physician

Address

C. W. Famous
Street
Md.

Accident or Suicide

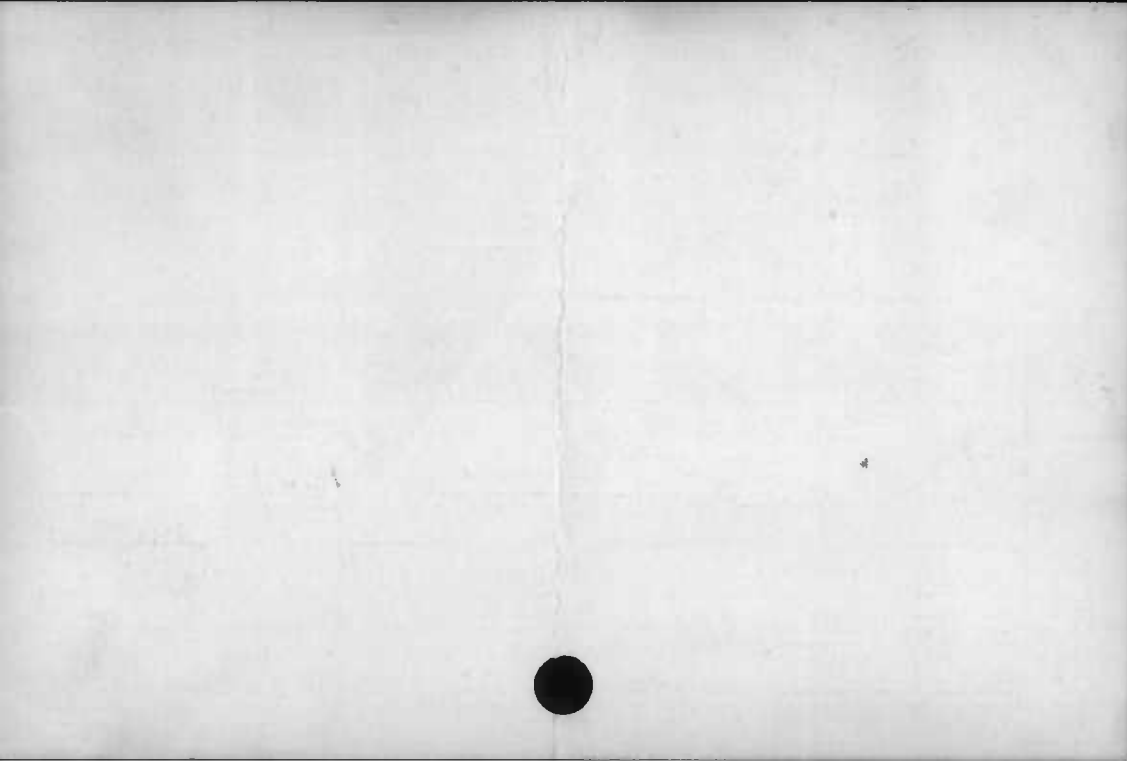
PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Mary Ward		Holtzman		Thouford	
Died at		Maryland			
Date of death		1900	3	31	Age
Sex		Female	Color or Race	Col	Birthplace
Occupation		Infant	Where Residing if not at place of death		
Married, Single or Widowed		2	Name of Wife or Husband		
Father's Name		Richard Ward		Father's Birthplace	
Mother's Maiden Name		Mary E. Mooney		Mother's Birthplace	
Name of person giving information		Rich. Ward		How related to deceased	
		CAUSES OF DEATH		151	
Primary		Premature Birth		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
Accident or Suicide?				Holtzman	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry R Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>March</i> ^{Month}	<i>31</i> ^{Day}	<i>87</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Thomas' Run</i>		
Occupation <i>Ex Justice of the Peace</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Emily B. Formood</i>			
Father's Name <i>Daniel Watters</i>		Father's Birthplace <i>Thomas' Run</i>			
Mother's Maiden Name <i>Sarah Ruff</i>		Mother's Birthplace <i>Thomas' Run</i>			
Name of person giving information <i>Sallie C. Cole</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>about 4 weeks</i>
Immediate <i>Oedema of lungs & general heart failure</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephr Hopkins</i>
	Address <i>Darlington Md</i>
Accident or Suicide? <i></i>	

